

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 03/21/2013

3000013144

03/20/13

Number	Line	Line#	Description	Fund	VendorName	Withhold	Accounting Period Year Month	PurchaseOrder Invoice Number	Total Amount
00329490	1 I/S meals & lodging	1	542200 Employee I/S Meals & L	06105	NASH GAYLE-001		2013 03	0000099257 Nash, G. 3.4-3.8	470.00
Total For Voucher									470.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500 Invoice Number: Nash, G. 3.4-3.8.13
 Voucher ID: 00329490 Invoice Date: 03/19/2013
 Voucher Style: Regular Total: 470.00

Vendor: NASH, GAYLE C *Pay Terms: Pay Now Schedule Payments
 1190 ST FRANCIS DR N 4100
 SANTA FE, NM 87502

Saved

Payment Information		Find View All		First	1 of 1	Last
Scheduled Payment: 1						 
*Remit to: 0000099443 	Gross Amount: 470.00 USD					
Location: 001 	Discount: 0.00 USD	Discount Denied				
*Address: 1 	Late Charge					
NASH, GAYLE C	Scheduled Due: 03/19/2013 					
1190 ST FRANCIS DR N 4100	Net Due: 03/19/2013					
SANTA FE, NM 87502	Discount Due:					
	Accounting Date:					

Payment Method		Pay Group:	
*Bank: WFB10			
*Account: B		RE	
*Method: ACH ACH			
Message:			

Message will appear on remittance advice.

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

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Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRRNT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

NAME	DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE	1	DATE	3/8/2013
AGENCY CODE	66500	VOUCHER NUMBER	00329490

[illegible]

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Gayle Nash	Position:	CNO
	Department ID and Fund:	6001001000 / 06105	Telephone:	505-690-1065
	Post of Duty:	Las Cruces	Residence:	Las Cruces

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	001768-SG
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.	
	Course Name:	Meeting with Cabinet Secretary in Santa Fe and assisting at SATC
	☒ Check if training is required	☐ Check if Continuing Education credits will be granted

Travel Information	Date of Request:	02/28/13	Destination:	Santa Fe & ABQ						
	Departure Date: (month/day/yr)	03/04/13	Time:	06:00	AM	Return Date: (month/day/yr)	3/8/13	Time:	06:00	PM
	☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:									

* **If actuals are requested:** Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage: @ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem: 2 @ \$85/day	\$ 170.00
546800: Registration – Vendor		Santa Fe Only: 2 @ \$135/day	\$ 270.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem: @ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals: @ /day	\$ 0.00
Baggage Fee		With meals: @ \$45/day	\$ 0.00
Shuttle Fee		Partial day: @ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day: @ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day: 1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee	\$ 470.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip	\$ 470.00
Car Rental: days @ per day	\$ 0.00		

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

Gayle Nash 3-14-2013
Employee Signature Date

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator **Date**
(As per specific division requirements)


Cabinet Secretary Signature
(To be obtained for Division Directors' requests and
when Division Directors are not available to sign approval.)


Date